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**Place of Service**

- Listed below are Place of Service Codes that have been added. Note that the effective dates vary.

Place of Service & Description	HCPCS	HCPCS Description	Effective Date
11 Office	77031	Stereotactic Localization Guidance For Breast Biopsy Or Needle Placement (eg, For Wire Localization Or For Injection), Each Lesion, Radiological Supervision And Interpretation)	1/1/2007
11 Office	77032	Mammographic Guidance For Needle Placement, Breast (eg, For Wire Localization Or For Injection), Each Lesion, Radiological Supervision And Interpretation)	1/1/2007
11 Office	19296	Placement of radiotherapy after loading balloon catheter into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy	7/2/2005
11 Office	00952	Anesthesia For Vaginal Procedures (Including Biopsy Of Labia, Vagina, Cervix Or Endometrium); Hysteroscopy And/Or Hysterosalpingography	4/1/1995
11 Office	01320	Anesthesia For All Procedures On Nerves, Muscles, Tendons, Fascia, And Bursae Of Knee And/Or Popliteal Area	4/1/1995
11 Office	01935	Anesthesia For Percutaneous Image Guided Procedures On The Spine And Spinal Cord; Diagnostic	1/1/2008
11 Office	54162	Lysis Or Excision Of Penile Post-Circumcision Adhesions	1/1/2002
13 Assisted Living Facility	11721	Debridement Of Nail(s) by any Method(s); Six Or More	1/1/1997
13 Assisted Living Facility	11750	Excision Of Nail And Nail Matrix, Partial Or Complete (eg, Ingrown Or Deformed Nail), For Permanent Removal;	4/1/1995
15 Mobile Unit	56605	Biopsy Of Vulva Or Perineum (Separate Procedure); One Lesion	4/1/1995

Place of Service & Description	HCPCS	HCPCS Description	Effective Date
21 Inpatient Hospital	19102	Biopsy of Breast; Percutaneous, Needle Core, Using Imaging Guidance	1/1/2001
21 Inpatient Hospital	19103	Biopsy Of Breast; Percutaneous, Automated Vacuum Assisted Or Rotating Biopsy Device, Using Imaging Guidance	1/1/2001
21 Inpatient Hospital	19295	Image Guided Placement, Metallic Localization Clip, Percutaneous, During Breast Biopsy (List Separately In Addition To Code For Primary Procedure)	1/1/2001
21 Inpatient Hospital	36593	Dec clotting By Thrombolytic Agent Of Implanted Vascular Access Device Or Cathete	1/1/2008
21 Inpatient Hospital	64910	Nerve Repair; With Synthetic Conduit Or Vein Allograft (Eg, Nerve Tube), Each Nerve	1/1/2007
22 Outpatient Hospital	00797	Anesthesia For Intraperitoneal Procedures In Upper Abdomen Including Laparoscopy; Gastric Restrictive Procedure For Morbid Obesity	1/1/2002
22 Outpatient Hospital	49324	Laparoscopy, Surgical; With Insertion Of Intraperitoneal Cannula Or Catheter, Permanent	1/1/2007
22 Outpatient Hospital	49325	Laparoscopy, Surgical; With Revision Of Previously Placed Intraperitoneal Cannula Or Catheter, With Removal Of Intraluminal Obstructive Material If Performed	1/1/2007
22 Outpatient Hospital	58720	Salpingo-Oophorectomy, Complete Or Partial, Unilateral Or Bilateral (Separate Procedure)	4/1/1995
22 Outpatient Hospital	58805	Drainage Of Ovarian Cyst(s), Unilateral Or Bilateral (Separate Procedure); Abdominal Approach	4/1/1995
22 Outpatient Hospital	22850	Removal Of Posterior Nonsegmental Instrumentation (Eg, Harrington Rod)	4/1/1995
22 Outpatient Hospital	32421	Thoracentesis, Puncture Of Pleural Cavity For Aspiration, Initial Or Subsequent	1/1/2008
22 Outpatient Hospital	33967	Insertion Of Intra-Aortic Balloon Assist Device, Percutaneous	1/1/2002
22 Outpatient Hospital	42145	Palatopharyngoplasty (Eg, Uvulopalatopharyngoplasty, Uvulopharyngoplasty)	4/1/1995
23 Emergency Room Hospital	28400	Closed Treatment of Calcaneal Fracture; without Manipulation	4/1/1995
23 Emergency Room Hospital	32421	Thoracentesis, Puncture Of Pleural Cavity For Aspiration, Initial Or Subsequent	1/1/2008
23 Emergency Room Hospital	36800	Insertion Of Cannula For Hemodialysis, Other Purpose (Separate Procedure); Vein To Vein	4/1/1995
23 Emergency Room Hospital	49450	Replacement Of Gastrostomy Or Cecostomy (Or Other Colonic) Tube, Percutaneous, Under Fluoroscopic Guidance Including Contrast Injection(s), Image Documentation And Report	1/1/2008
31 Skilled Nursing Facility	11732	Avulsion of Nail Plate, Partial or Complete, simple	4/1/1995
49 Independent Clinic	11042	Debridement; skin, and subcutaneous tissue	4/1/1995
50 Federally Qualified Health Care	11100	(Biopsy of Skin, Subcutaneous Tissue And/Or Mucous Membrane (Including Simple Closure), Unless Otherwise Listed; Single Lesion)	4/1/1995

**Modifier(s)**

- Effective for dates of service on or after January 1, 2007 the Modifier FB (Item Provided Without Cost To Provider) began and Effective for Dates Of Service On or after January 1, 2008 the modifier FC (Partial Credit, Replaced Device) began for the following:

<b>Code</b>	<b>Description</b>
G0297	Insertion Of Single Chamber Pacing Cardioverter Defibrillator Pulse Generator
G0298	Insertion Of Dual Chamber Pacing Cardioverter Defibrillator Pulse Generator
G0299	Insertion Or Repositioning Of Electrode Lead For Single Chamber Pacing Cardioverter Defibrillator And Insertion Of Pulse Generator
G0300	Insertion Or Repositioning Of Electrode Lead(s) For Dual Chamber Pacing Cardioverter Defibrillator And Insertion Of Pulse Generator
33206	Insertion Or Replacement Of Permanent Pacemaker With Transvenous Electrode(s); Atrial
33207	Insertion Or Replacement Of Permanent Pacemaker With Transvenous Electrode(s); Ventricular
33208	Insertion Or Replacement Of Permanent Pacemaker With Transvenous Electrode(s); Atrial And Ventricular
33210	Insertion Or Replacement Of Temporary Transvenous Single Chamber Cardiac Electrode Or Pacemaker Catheter (Separate Procedure)
33211	Insertion Or Replacement Of Temporary Transvenous Dual Chamber Pacing Electrodes (Separate Procedure)
33212	Insertion Or Replacement Of Pacemaker Pulse Generator Only; Single Chamber, Atrial Or Ventricular
33213	Insertion Or Replacement Of Pacemaker Pulse Generator Only; Dual Chamber
33214	Upgrade Of Implanted Pacemaker System, Conversion Of Single Chamber System To Dual Chamber System (Includes Removal Of Previously Placed Pulse Generator, Testing Of Existing Lead, Insertion Of New Lead, Insertion Of New Pulse Generator)
33216	Insertion Of A Transvenous Electrode; Single Chamber (One Electrode) Permanent Pacemaker Or Single Chamber Pacing Cardioverter-Defibrillator
33217	Insertion Of A Transvenous Electrode; Dual Chamber (Two Electrodes) Permanent Pacemaker Or Dual Chamber Pacing Cardioverter-Defibrillator
33224	Insertion Of Pacing Electrode, Cardiac Venous System, For Left Ventricular Pacing, With Attachment To Previously Placed Pacemaker Or Pacing Cardioverter-Defibrillator Pulse Generator (Including Revision Of Pocket, Removal, Insertion, And/Or Replacement Of Generator)
33225	Decortication, Pulmonary (Separate Procedure); Partial
33240	Insertion Of Single Or Dual Chamber Pacing Cardioverter-Defibrillator Pulse Generator
33249	Insertion Or Repositioning Of Electrode Lead(s) For Single Or Dual Chamber Pacing Cardioverter-Defibrillator And Insertion Of Pulse Generator
33282	Implantation Of Patient-Activated Cardiac Event Recorder
36566	Insertion Of Tunneled Centrally Inserted Central Venous Access Device, Requiring Two Catheters Via Two Separate Venous Access Sites; With Subcutaneous Port(s)

54400	Insertion Of Penile Prosthesis; Non-Inflatable (Semi-Rigid)
54401	Insertion Of Penile Prosthesis; Inflatable (Self-Contained)
54405	Insertion Of Multi-Component, Inflatable Penile Prosthesis, Including Placement Of Pump, Cylinders, And Reservoir
54410	Removal And Replacement Of All Component(s) Of A Multi-Component, Inflatable Penile Prosthesis At The Same Operative Session
54416	Removal And Replacement Of Non-Inflatable (Semi-Rigid) Or Inflatable (Self-Contained) Penile Prosthesis At The Same Operative Session
61885	Insertion Or Replacement Of Cranial Neurostimulator Pulse Generator Or Receiver, Direct Or Inductive Coupling; With Connection To A Single Electrode Array
61886	Insertion Or Replacement Of Cranial Neurostimulator Pulse Generator Or Receiver, Direct Or Inductive Coupling; With Connection To Two Or More Electrode Arrays
62361	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Nonprogrammable Pump
62362	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Programmable Pump, Including Preparation Of Pump, With Or Without Programming
63650	Percutaneous Implantation Of Neurostimulator Electrode Array, Epidural
63655	Laminectomy For Implantation Of Neurostimulator Electrodes, Plate/Paddle, Epidural
63685	Insertion Or Replacement Of Spinal Neurostimulator Pulse Generator Or Receiver, Direct Or Inductive Coupling
64553	Percutaneous Implantation Of Neurostimulator Electrodes; Cranial Nerve
64555	Percutaneous Implantation Of Neurostimulator Electrodes; Peripheral Nerve (Excludes Sacral Nerve)
64560	Percutaneous Implantation Of Neurostimulator Electrodes; Autonomic Nerve
64561	Percutaneous Implantation Of Neurostimulator Electrodes; Sacral Nerve (Transforaminal Placement)
64565	Percutaneous Implantation Of Neurostimulator Electrodes; Neuromuscular
64573	Incision For Implantation Of Neurostimulator Electrodes; Cranial Nerve
64575	Incision For Implantation Of Neurostimulator Electrodes; Peripheral Nerve (Excludes Sacral Nerve)
64577	Incision For Implantation Of Neurostimulator Electrodes; Autonomic Nerve
64580	Incision For Implantation Of Neurostimulator Electrodes; Neuromuscular
64581	Incision For Implantation Of Neurostimulator Electrodes; Sacral Nerve (Transforaminal Placement)
64590	Insertion Or Replacement Of Peripheral Or Gastric Neurostimulator Pulse Generator Or Receiver, Direct Or Inductive Coupling
69930	Cochlear Device Implantation, With Or Without Mastoidectomy

- Effective for dates of service on or after **January 1, 2009** the following modifiers have been added to the Modifier table.

JC	Skin Substitute Used As A Graft
JD	Skin Substitute Not Used As A Graft
KE	Bid Under Round One Of The Durable Medical Equipment, Prosthetics, Orthotics & Supplies
RA	Replacement Of A DME Item
RB	Replacement Of A Part Of DME Furnished As Part Of A Repair
RE	Furnished In Full Compliance With FDA-Mandated Risk Evaluation And Mitigation

- Effective for dates of service on or after October 1, 2008 the modifiers **AS** (PA SVCS For Assistant) and **80** (Assistant Surgeon) have been end dated for the following codes:
  - 15002 (Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children)
  - 15003 (Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm or each additional 1% of body area of infants and children (list separately in addition to code for primary procedure))
  - 15004 (Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children)
  - 15005 (Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm or each additional 1% of body area of infants and children (list separately in addition to code for primary procedure)).



**New Vaccines**

Effective for dates of service on or after January 1, 2008 the following vaccines have been added to the Vaccine For Children (VFC) program:

**90681** (Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use)

Added A indicator and amount 15.4300 on RF729 Screen

SL (State Supplied Vaccine) modifier added

Minimum age – 6 wks & maximum age 32 wks

POS 31 (Skilled Nursing Facility) Deleted

Added the following POS to 990681:

05 (Indian Health Service Free-Standing)

07 (Tribal 638 Free-Standing Facility)

11 (Office)

22 (Outpatient Hospital)

72 (Rural Health Clinic)

06 (Indian Health Service Provider-Base)

08 (Tribal 638 Provider-Based Facility)

20 (Urgent Care Facility)

50 (Federally Qualified Health Center)

**90698** (Diphtheria, Tetanus Toxoids, Acellular Pertussis Vaccine, Haemophilus Influenza Type B, and Poliovirus Vaccine, Inactivated (DTAP - HIB - IPV), for intramuscular use)

End date removed on RF729 screen

End date removed for SL (State Supplied Vaccine)

Minimum age – 6 wks & maximum age 208 wks

Removed POS 24 (Ambulatory surgical Center) and 99 (Other Unlisted Facility)

**90696** (Diphtheria, Tetanus Toxoids, Acellular Pertussis Vaccine and Poliovirus Vaccine, Inactivated (DTAP-IPV), When Administered To Children 4 Years Through 6 Years Of Age, For Intramuscular Use)

Added A indicator and amount 15.4300 on RF729 screen

SL (State Supplied Vaccine) modifier added

Minimum age 4 years & maximum age to 6 years

Coverage Code 01 (Covered Service/Code Available)

POS 31 (Skilled Nursing Facility) Deleted

Added the following POS to 90696:

05 (Indian Health Service Free-Standing)

07 (Tribal 638 Free-Standing Facility)

11 (Office)

22 (Outpatient Hospital)

72 (Rural Health Clinic)

06 (Indian Health Service Provider-Base)

08 (Tribal 638 Provider-Based Facility)

20 (Urgent Care Facility)

50 (Federally Qualified Health Center)

### **Coverage Code**

- Effective for dates of service on or after January 1, 2008 the HCPCS code A9278 (Receiver (monitor); external, for use with interstitial continuous glucose monitoring system) now has a coverage code of 04 (Not Covered Service/Code Not Available).
- Effective for dates of service on or after July 1, 2008 the CPT Code 58565 (Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants) has changed from 04 (Not Covered Service/Code Not Available) to 01 (Covered Service/Code Available).

### **Diagnosis Codes**

Effective for dates of service on or after October 1, 2008 the following Diagnosis Codes have had the following changes:

- Minimum age zero (0) the maximum age of 999.
- Diagnosis Codes listed below now have a coverage code of 03 (Covered service/Use Other Code).

<b>DX Code</b>	<b>Diagnosis Code Description</b>	<b>DX Code</b>	<b>Diagnosis Code Description</b>
059	Other poxvirus infections	346.3	Hemiplegic migraine
059.0	Other orthopoxvirus infections	346.4	Menstrual migraine
059.1	Other parapoxvirus infections	346.5	Persistent migraine aura without cerebral infarction
059.2	Yatapoxvirus infections	346.6	Persistent migraine aura with cerebral infarction
209	Neuroendocrine tumors	346.7	Chronic migraine without aura
209.0	Malignant carcinoid tumor of the small intestine		
		349.3	Dural tear
209.1	Malignant carcinoid tumors of the appendix, large intestine, and rectum	535.7	Eosinophilic gastritis
209.2	Malignant carcinoid tumors of other and unspecified sites	558.4	Eosinophilic gastroenteritis and colitis
209.3	Malignant poorly differentiated neuroendocrine tumors	612	Deformity and disproportion of reconstructed breast
209.4	Benign carcinoid tumors of the small intestine	625.7	Vulvodynia
209.5	Benign carcinoid tumors of the appendix, large intestine, and rectum	649.7	Cervical shortening
209.6	Benign carcinoid tumors of other and unspecified sites	678	Other fetal conditions
249	Secondary diabetes mellitus	678	Fetal hematologic conditions

249.0	Secondary diabetes mellitus without mention of complication	678.1	Fetal conjoined twins
249.1	Secondary diabetes mellitus with ketoacidosis	679	Complications of in utero procedures
249.2	Secondary diabetes mellitus with hyperosmolarity	679	Maternal complications from in utero procedure
249.3	Secondary diabetes mellitus with other coma	679.1	Fetal complications from in utero procedure
249.4	Secondary diabetes mellitus with renal manifestations	695.5	Exfoliation due to erythematous conditions according to extent of body surface involved
249.5	Secondary diabetes mellitus with ophthalmic manifestations	707.2	Pressure ulcer stages
249.6	Secondary diabetes mellitus with neurological manifestations	796.7	Abnormal cytologic smear of anus and anal HPV
249.7	Secondary diabetes mellitus with peripheral circulatory disorders	V07.5	Prophylactic use of agents affecting
249.8	Secondary diabetes mellitus with other specified manifestations	V87	Other specified personal exposures and history presenting hazards to health
249.9	Secondary diabetes mellitus with unspecified complication	V87.0	Contact with and (suspected) exposure to hazardous metals
279.5	Graft-versus-host disease	V87.1	Contact with and (suspected) exposure to hazardous aromatic compounds
339	Other headaches syndromes	V87.2	Contact with and (suspected) exposure to other potentially hazardous chemicals
339.0	Cluster headaches and other trigeminal autonomic cephalgias	V87.3	Contact with and (suspected) exposure to other potentially hazardous substances
339.1	Tension type headaches	V87.4	Personal history of drug therapy
339.2	Post-traumatic headache	V88	Acquired absence of other organs and tissue
339.4	Complicated headache syndromes	V88.0	Acquired absence of cervix and uterus
339.8	Other specified headache syndromes	V89	Other suspected conditions not found
		V89.0	Suspected maternal and fetal conditions not found

**Note:** The codes listed are for female (F) only: 612; 625.7; 649.7; 678; 678.0; 678.1; 679 679.0; 679.1; 796.7; V88.0; V89.0.





**ICD-9 Procedure Code**

Effective for dates of service on or after October 1, 2008 the following ICD-9 Procedure Codes below have had the following changes:

- Minimum age zero (0) the maximum age of 999
- ICD-9 codes below have a coverage code of 03 (Covered service/Use Other Code).

Code	Description
17.1	Laparoscopic unilateral repair of inguinal hernia
17.2	Laparoscopic bilateral repair of inguinal hernia
17.3	Laparoscopic partial excision of large intestine
17.4	Robotic assisted procedures
45.8	Total intra-abdominal colectomy
48.5	Abdominoperineal resection of rectum
53.7	Repair of diaphragmatic hernia, abdominal approach
85.7	Total reconstruction of breast

**Maternity Outliers**

Based on a number of questions related to Maternity one-day outlier considerations, please note that:

Effective with dates of admission 10/1/2007 and greater ROUTINE MATERNITY stays, Maternity tier qualified stays of one-day do not qualify for outlier consideration unless the patient delivers three (3) or more babies related to that stay.

**Limit Changed**

Effective for dates of service on or after October 27, 2008 the procedure frequency has changed to 11 days for the code J2505 (Injection, Pegfilgrastim, 6 mg).

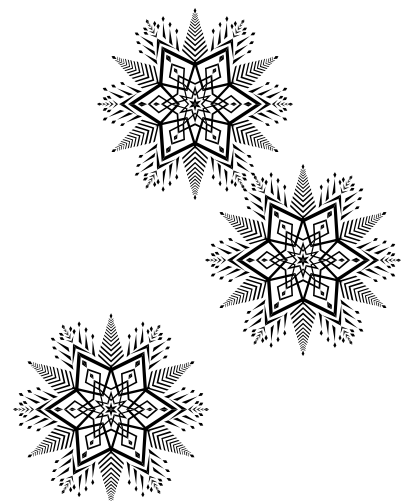
**Provider Type**

- Effective for dates of service on or after October 23, 2008 the modifier 80 (Assistant Surgeon) has been removed from the CPT code 64405 ((Injection, Anesthetic Agent; Greater Occipital Nerve) for provider type 18 (Physicians Assistant) found on the AHCCCS reference screen RF618.
- Effective for dates of service on or after January 1, 2006 the CPT codes CPT Codes listed below can be reported by provider type 69 (Optometrist):
  - 99308 (Subsequent Nursing Facility Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires At Least 2 Of These 3 Key Components: An Expanded Problem Focused Interval History; An Expanded Problem Focused Examination; Medical Decision Making Of Low Complexity)
  - 99309 (Subsequent Nursing Facility Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires At Least 2 Of These 3 Key Components: A Detailed Interval History; A Detailed Examination; Medical Decision Making Of Moderate Complexity)
  - 99310 (Subsequent Nursing Facility Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires At Least 2 Of These 3 Key Components: A Comprehensive Interval History; A Comprehensive Examination; Medical Decision Making Of High Complexity)
- Effective for dates of service on or after October 1, 2003 the Provider type 40 (Attendant Care) can now report the following codes:
  - HCPCS Code - T2017 (Habilitation, Residential, Waiver; 15 Minutes)
  - HCPCS Code - T2021 (Day Habilitation, Waiver; Per 15 Minutes)

**Revenue Code**

- Effective with dates of service on or after January 1, 2008 the HCPCS code C8928 (Transthoracic Echocardiography With Contrast, Real-Time With Image Documentation (2d), With Or Without M-Mode Recording, During Rest And Cardiovascular Stress Test Using Treadmill, Bicycle Exercise And/Or Pharmacologically Induced Stress, With Interpretation And Report) has been added to the revenue code 0483 (Echocardiology) and deleted from the revenue code 0730 (EKG/ECG) with an end date of October 1, 2008 on the AHCCCS PMMIS reference screen RF773.
- Effective for dates of service on or after October 1, 2008 the CPT code 80195 (Sirolimus) has been added to the following revenue codes:

0300 Laboratory  
0301 Lab/chemistry  
0309 Lab/Other



- Effective for dates of service on or after October 1, 2008 the revenue code 0343 (Diagnostic Radiopharmaceuticals) has been split out and set up as a single code to code relationship for A9509 (Iodine I-123 Sodium Iodide, Diagnostic, Per Millicurie).
- Effective for dates of service on or after January 1, 2008 the following Revenue Code 0483 (Echocardiology) has been added to the HCPCS codes listed below. This information can be accessed on AHCCCS PMMIS reference screen RF773.

C8921	Transthoracic echocardiography with contrast for congenital cardiac anomalies; complete
C8922	Transthoracic transthoracic echocardiography with contrast for congenital cardiac anomalies; follow-up or limited study
C8923	Transthoracic transthoracic echocardiography with contrast, real-time with image documentation (2D) with or without m-mode recording; complete
C8924	Transthoracic echocardiography with contrast, real-time with image documentation (2D) with or without m-mode recording; follow-up or limited study
C8925	Transesophageal transesophageal echocardiography (TEE) with contrast, real time with image documentation (2D) (with or without m-mode recording); including probe placement, image acquisition, interpretation and report
C8926	Transesophageal transesophageal echocardiography (TEE) with contrast for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report
C8927	Transesophageal transesophageal echocardiography (TEE) with contrast for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis

- Effective for dates of service on or after September 30, 2008 the following Revenue Code 0730 (EKG/ECG) has been end dated for the HCPCS codes listed below. This information can be accessed on AHCCCS PMMIS reference screen RF773

C8922  
C8925

C8923  
C8926

C8924  
C8927

**Rates****Hospital(s)**

- Information for the 9/1/2008 and 10/1/2008 Inpatient Rates for Banner Boswell Medical Center and Banner Del Webb Medical Center has been distributed to Health Plans and Contractors
- The 05/06/2008 and 10/1/2008 Inpatient Rates distribution for new hospitals Trillium Specialty Hospitals East and West, have been distributed to the Health Plans and Program Contractor. While the effective CMS date Trullium Specialty Hospital East will remain 6/11/2008, the effective date for Emergency Services is 05/06/2008. Also, the effective CMS date for Trillium Specialty Hospital West will main, 6/4/2008, the effective date for Emergency Services is also 05/06/2008. This has been noted at the top of the attached rate sheets for both hospitals for the dates 05/06/2008 to 09/30/2008. Further information can be found on the AHCCCS website:  
<http://www.azahcccs.gov/RatesCodes/Default.aspx>

**Facility Peer Group**

The updated Outpatient Facility Peer Group rates can be found on the AHCCCS website:

<http://www.ahcccs.state.az.us/HIPAA/Consortium/Outpatient/OutpatientKeyDocuments.asp> (Facility Peer Groups)

**4th Quarter 2008 PCH-HOPE/Hemophilia Factor Rates**

The 4th Quarter 2008 pricing schedule for Hemophilia products are effective from 10/1/2008 through 12/31/2008 and can be accessed through the AHCCCS website: <http://www.azahcccs.gov/RatesCodes/Default.aspx>

**ASC Rates**

AHCCCS has revised its rates for some of the Ambulatory Surgery Codes (ASC) (listing attached) that were priced at less than 80% of the current CMS rate. These rates were increased to the lesser of 80% of the CMS ASC rate or 90% of the AHCCCS OPFS rate effective 11/1/2008. As there has been little or no utilization for these ASC codes, AHCCCS predicts no significant fiscal impact to the plans.

Additionally two codes were identified as missing from the ASC Fee Schedule implemented 10/1/2008. These codes are as outlined below and have been updated to the tables effective 10/1/2008.

41899	\$330.94
58565	\$1446.31



**RF773 & RF774 Updates**

Several months ago all plans were notified that AHCCCS was reviewing and restructuring the RF773 - Revenue Code to HCPCS and the RF774 - Revenue Code to Bill Type Tables to ensure correctness and to accommodate single code to code relationships.

This review and restructuring resulted in all pre-existing open ended segments being end dated as of 9/30/2008 dates of service, and new single code to code segments being added for dates of service on and after 10/1/2008.

Just a reminder that it is important that the segments be evaluated based upon the claim dates of service not date of processing to ensure appropriate processing.

For example -

0929-0929	G0300-G0300	10/1/2003	09/30/2008	Is valid for dates of service 10/1/2003 thru 09/30/2008
0450-0450	G0300-G0300	10/1/2008	12/31/2299	Is valid for dates of service 10/1/2008 forward

**HIPAA Compliant Transactions**

Just a reminder that plans need to submit compliant 837 transactions for encounters. There are differences between the 4010 and 5010 versions, and if plans are currently submitting compliant transactions they will see less of an impact when the 5010 is implemented.

**S430 (Invalid place of service/procedure combination)**

Based on the number of pended encounters for S430, the Encounter Unit has found some apparently missing valid place of service/procedure combinations on our reference tables. Those missing combinations have been referred to our coding committee for review and, if necessary, table update.

## **P330 Error Code**

In June 2007 plans were notified that AHCCCS developed an ADHOC program to systematically identify and move group biller **P330** pend errors to a denial status. AHCCCS ran the first ADHOC shortly following that notice and expects to run the next ADHOC prior to the first November encounter adjudication cycle. The ADHOC was built as a temporary measure until the adjudication group biller edit is in production. More information regarding the new edit will be forthcoming. If you have questions regarding the ADHOC, please contact your encounter technical assistant.

## **ISA Change**

With the September promote, Phase 2 of the EDI Front End Validator project included a change that modified the logic of the ISA Control Number (Data element ISA13/IEA02) that is found within the transaction envelope ISA/IEA.

For outbound 834s and 820s, the ISA Control Number (9-character length field) is now comprised of the following: yy+julian date+hhmm; where yy=year, and hhmm=time. Prior to this change, the ISA Control Number was comprised of a sequential number.

- AHCCCS has identified an issue with the change of the ISA Control number that was included in the recent September release. The 834/820 outbound files that are small in size are being processed within the same instance which is causing a 'duplicate' ISA Control number (ISA13) issue for health plans that receive multiple 834/820 files on a given day for their different lines of business. This issue may be affecting your Health plan's load process.

In response to this issue, the ISA Control number logic has been changed from:

YYDDDDHHMM

Where YY=Year, DDD=Julian date, HH=Hour, MM=Minute

to:

DDDDHHMMSS

Where DDD=Julian date; HH=Hour, MM=Minute, and SS=Second

We have also added a + 999 (millisecond) delay when processing outbound 834 and 820 files on the same day to assist with the issue.



**Segment Separator**

With the September promote, Phase 2 of the EDI Front End Validator project included a change to the 277U files in which they would now include the use of the CR/LF (Carriage Return/Line Feed) segment separator. This change was done to accommodate the processing of large files. The 834 Monthly files will also reflect the use of CR/LF segment separators beginning with the November monthly files that will be generated during the October month end process. Prior to this change, the files used the tilde character '~' as a segment separator.

**ISA Logic**

The ISA Control logic change that was recently done for the 834/820 outbound files (refer to the e-mail notice sent on October 20, 2008, 9:14 AM) also will be applied to the 277U and 834 Monthly files. Please make any appropriate changes.

For outbound 277U and 834 Monthly files, the ISA Control number logic will be changed from:

YYDDDDHHMM

Where YY=Year, DDD=Julian date, HH=Hour, MM=Minute

to:

DDDDHHMMSS

Where DDD=Julian date; HH=Hour, MM=Minute, and SS=Second

A + 999 (millisecond) delay will also be included.